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APPLICANTS

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** CONTINUING DATA ***** *isp*** FOREIGN APPLICATIONS ***** *isp*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>isp</i>	Initials	

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TITLE

Electric shaver

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